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FE5AN018

REPORT OF RECEIPTS SECRETARY OF THE SCHATE AND DISBURSEMENTS 14 DEC-8 FM 2: 38

FORM 3	For An A	Authoriz	ed Com	mittee		וא טבו	0 111	ر. Office	Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRIN	Τ ♥		ample: If typer the lines.		type	12FE4M	5		
FRIENDS OF NANCY	MACE									1
		<u> </u>	<u> </u>		<u> </u>	!		<u> </u>		
	4 205 SEVEN E		ME SUITE		1 !					1
ADDRESS (number and street)	295 SEVEN F	ARIVIS DR	I SUITE	L-100	<u>i.</u>	1 1 1				
Check if different than previously reported. (ACC)	CHARLESTO	N				<u> </u>	SC J	29492		
2. FEC IDENTIFICATION N	JMBER ▼		CITY			S	STATE A		ZIP CODE	A
C C00549295			THIS EPORT	× NI (N	EW I) (OR	AMEN (A)	DED	STATE ▼	DISTRICT
4. TYPE OF REPORT (Ch	oose One)	(b) 12	-Day PRE	-Election Re	∍port 1	for the:		L		
(a) Quarterly Reports:				Primary (1	2P)		General ((12G)	Rur	noff (12R)
April 15 Quarterly Report (Q1)				Convention	n (120	C)	Special (12 S)		
July 15 Quarterly R	eport (Q2)			M					in the	
October 15 Quarterly Report (Q3)		Eí	lection on	•					State of	
January 31 Year-End Report (YE)		(c) 30	-Day POS	T-Election F		for the:		·		
			×	General (3	0G)		Runoff (3	(OR)	Spe	ecial (30S)
Termination Report (TER)		EI	lection on	м м 11	/ 1	04	y y 2014		in the State of	
5. Covering Period 10	м р р ,) 16	/ Y 201		through	h	м м 11	D D 4		014	
I certify that I have examined th	is Report and to	o the bes	t of my kn	owledge an	id beli	ief it is tru	e, correct ar	nd comp	olete.	
Type or Print Name of Treasure										
Signature of Treasurer Dan	Backer	M	,			Da	ate M12		04	y y 2014
NOTE: Submission of false, errone	eous, or incompl	ete inform	ation may	subject the p	persor	signing th	is Report to	the pena	alties of 2 U.S	S.C. §437g.
Office Use									C FORM	